## COMBINED L ATION FOR PATENT APPLICATION AL POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER 200701/1001

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

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ecification of which (check only	one item below):		
is attached hereto.	0		
was filed as U.S. Patent Aj (if applicable).	pplication Serial No. 09/468,5	35 on December 20, 199	9 and was amended on
	onal Application Number	on	and was amended under PCT Article
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by state that I have reviewed and amendment referred to above.	understand the contents of the	e above-identified specific	cations, including the claims, as ame
wledge the duty to disclose info f Federal Regulations, § 1.56(a)		he patentability of this ap	plication in accordance with Title 37
i rederal Regulations, § 1.56(a)	'• . <b>!</b>		- A
v claim foreign priority benefits	under Title 35 United States	Code & 119 of any foreign	gn application(s) for patent or invent
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## COMBINED DEC ATION FOR PATENT OF ATTORNEY (Continued) APPLICATION AND POW (Includes Reference to PCT International Applications)

## TTORNEY'S DOCKET NUMBER 200701/1001

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT

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teg	gistration No. 40,087; ad Correspondence to:	Leinberg, Registration Georgia Caton, Regis Michael L. NIXON PE Clinton Squ Rochester,	Goldman ABODY L 1are, P.O.	. 44,597; Grant E. Pol .LP Box 1051	llack, Regi	stratio Direct Micha	on No. 34,097 telephone calls nel L. Goldman 263-1304	to:	
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME Schultz CITY Ithaca		FIRST GIVEN NAM			SECOND GIVEN NAME A.		
	RESIDENCE & CITIZENSHIP			STATE/FOREIGN COUNTRY New York		Uı	COUNTRY OF CITIZENSHIP United States		
	POST OFFICE ADDRESS	P.O. ADDRESS 520 Warren Place		CITY Ithaca			STATE & ZIP CODE/COUNTRY New York 14850/USA		
	FULL NAME OF INVENTOR	FAMILY NAME Corso		FIRST GIVEN NAME Thomas			SECOND GIVEN NAME N.		
2	RESIDENCE & CITIZENSHIP	CITY Lansing		STATE/FOREIGN COUNTRY New York		U	COUNTRY OF CITIZENSHIP United States		
2	POST OFFICE ADDRESS	P.O. ADDRESS 7C Park Lane		CITY Lansing		N	STATE & ZIP CODE/COUNTRY New York 14882/USA		
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be im	tore and further that the	tements made herein of my se statements were made w er section 1001 of Title 18 at issuing thereon.	rith the know	wledge that willful false s	tatements an	d the li	ke so made are p	unishable by tine (	
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